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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

DEFORMITY FROM FRACTURES INVOLVING OR APPROXIMATING THE ELBOW JOINT.

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That deformity follows fractures in the vicinity of the elbow joint, is a matter of too frequent observation to require demonstration. The chief factor in producing it lies in the apparatus used, which displaces the fragments

Fig. 1.

and holds them so until union is complete, when for the first time the mal-position becomes apparent.

None of the splints as they come from the hands of the manufacturer are free from the charge alleged, but of all the splints, the one known as the *internal angular*, and depicted in Fig. 1, is the most mischievous.



and as a true hinge joint, permits but a single motion, namely, that of flexion and extension. It matters not in what position the forearm is placed, the relation of the ulna to the humerus is a constant one. The anterior surface of the ulna can always be known from the anterior surface of the humerus, and though either surface of the hand can readily be turned to the anterior surface of the humerus, still the relation of the ulna to the latter is in no way disturbed. Its front still looks toward the front of the humerus.

But while I have said that the relation of the two bones is a constant one, I do not thereby mean to state that they lie in the same plane. By reference to Fig. 2 it will be seen that a line, A B, drawn along the inner border of the humerus would fall about two inches below the extremity of the ulna, and that the bones join at an angle of about 175°. Now what would be the effect of a straight splint directed along the inner border of the humerus, upon the extended arm, in case of fracture of the inner condyle? Obviously that shown in Figs. 3 and 4*. And if a straight splint would do it, the result would be just as inevitable in the use of the *internal rectangular splint* (Fig. 1), for

Fig. 2.



My reasons for arraigning this splint will be readily understood by reference to the anatomical construction of the joint. The elbow joint is the best example of a hinge joint in the body,

* Fig. 4 is used by permission of Professor Gross, in whose work on Surgery it occurs. It accurately points out the defect as it occurs in the left arm, while, if the reader will glance at the right arm (Fig. 3), he will see another case, from life, with a similar deformity.

Fig. 3.



Fig. 4.



its two arms lie in the same plane, while under no circumstances can the humerus and ulna be said to lie in the same plane, but join at an angle, as already stated.

Fig. 5.



The defect pointed out in the *internal angular* splint holds good in all the angular splints, whether anterior or posterior, provided the two arms of the splint lie in the same plane. The deformity that a straight anterior splint would produce is obvious from a glance at figure 5. In this case the bandage applied the whole length of the splint would draw the *yielding* internal prominence of the limb to the firm and *unyielding* splint, and thus change the outline of the limb. Yet, obvious as this is, the result is none the less inevitable from an anterior angular splint whose arms lie in the same plane.

The posterior angular splint is open to the same objection theoretically, though practically

it is safer. It is usually large and roomy, and employed rather as a rest or trough to the arm than as a splint, and hence can be far more safely used.

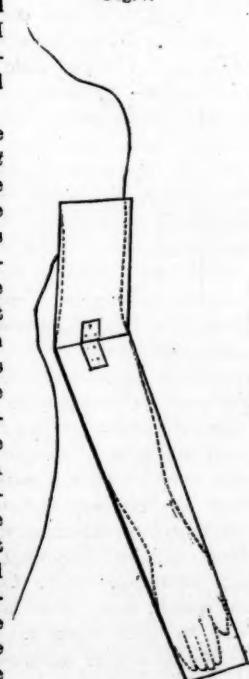
Fig. 6.



There is a splint that recognizes this anatomical peculiarity, and in this respect is worthy of commendation. This splint, figure 6, is so arranged that it can be adjusted to either arm, and is the best splint that I am acquainted with. Yet this falls far short of a perfect splint, and hence I cannot recommend it.

To have a *perfect wooden splint*, one should take the angle of the sound limb as his guide in its manufacture. If it be made with a *hinge*, it can be applied with the arm extended, as in this position one can the more advantageously compare the two limbs. A few strips of adhesive plaster may be sufficient to secure it to the forearm and arm, and then bending the arm to the angle most desirable or convenient, the

Fig. 7.



dressing may be completed and the forearm put in a sling. Such a dressing will not produce deformity, and will permit of motion at the proper time, without removing the splint. In the use of the anterior angular splint the thumb should look forward, *not upward*.

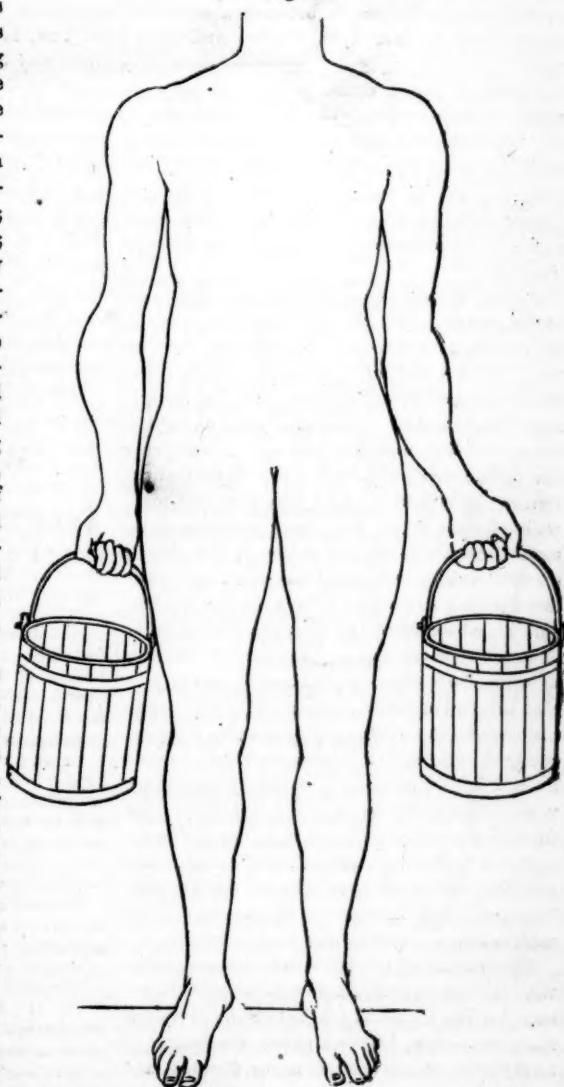
I do not know of any splint that possesses the combined advantages of the felt splint in injuries of this particular joint. By first dipping the felt in hot water it can be made as pliable as paper, and thus be moulded and adapted to the natural contour of the limb. It soon hardens, and then becomes a support and protection to the part; a security against displacement; and if properly applied a guaranty to a good result. With the felt material it is not a matter of importance whether it be adapted to the anterior, posterior, or lateral aspects of the limb, since it is applied in a soft, yielding condition, and obviously incapable of displacing the parts; while the wooden splint, incapable of accommodating itself to the part, will, with the applied bandage, gradually draw the fractured part to it, and yield the sad and unlooked-for result depicted in Figure 8, right arm, a condition in no degree an exaggeration.

It may be of some interest to note the angle at which nature has joined the bones of the arm. While we are to suppose it to be the most perfect and beautiful, yet to the laboring man it is a matter of great practical importance. By taking advantage of this angle, which he instinctively does (see left arm), he is enabled to rest the internal condyle of the humerus upon the brim of the pelvis, and thus carry a bucket of water freely from his legs, and that, too, with the least expenditure of muscular force; while with this angle effaced (see right arm—taken from life)

the weight must either be removed from the body by great muscular effort of the deltoid, or offer an almost insuperable obstacle to locomotion.

In my own cases I never use splints, but always extemporize a dressing. In fracture of the condyles in children, I usually employ adhesive plaster. I cut the strips about two inches wide and eight or ten inches long, and placing the arm in an *easy extended* position, I incase

Fig. 8.



the limb from a few inches below the shoulder to the wrist, taking care that each piece overlaps the preceding one. Over this layer of plaster I place another, and about the joint

I sometimes add a few pieces of binders' board, which I apply after dipping in hot water.

Certain advantages may be ascribed to the dressing of adhesive plaster, especially in children: 1. It sticks to the limb without compressing it. 2. It allows the child to bend its arm slightly, if it desires to do so. 3. By each strip overlapping its fellow, it becomes a complete encasement, at once light, flexible and adherent.

Should a starch dressing be used (or the white of eggs and flour) both of which make an admirable dressing, the same precaution taken in using the adhesive plaster should be followed, viz., to apply it on strips of muslin about two inches wide and eight or ten long, and under no circumstances to employ a continuous bandage.

Having dressed the arm, I am most emphatic to the parents, "If the child has pain, remove the dressing, or bring it immediately back to me." I have had such agreeable results from the dressing of adhesive plaster that I no longer apprehend trouble. I invariably see the child the second day, and often relieve a little pressure at the wrist, and after a few days, finding that the child plays around, and does not complain of pain, I pay little more attention to it, until I remove it, which has been in the fourth or fifth week; and though the child has worn this dressing five weeks, I have not found a single case where there has been excoriation from its use. In seven cases of fracture of the condyle the arm has been kept extended, and no passive motion employed, during the entire cure, and in only two of the number was the dressing changed once, and this because it had become loose. Such a course seems certainly at variance with established practice, which is, first, to place the arm at nearly a right angle, so that if there is ankylosis, the arm will be in the most useful position; and second, to remove the dressing frequently, and institute early passive motion, with a view to avert so untoward a result.

The reasons why I have dressed seven cases with the arm extended and without passive motion, leaving them undisturbed during the entire cure, are:—first, I wished to test the danger of ankylosis, which I have never dreaded, and which, I am persuaded, is greatly over-estimated; and second, I was persuaded that, in this position, I should get the best possible results; and in this respect I have secured all one could wish—I have seven cases of fracture

of the condyle in which it would require careful examination to tell which arm had been injured.

Of course, if there were indications for removing the dressing, I should promptly do so. But the fact that the child does not complain, and begins to use his arm in play, is the most positive indication of an early return to soundness, while the early persistent moving the arm, to prevent ankylosis, is the most direct way to produce it.

One word in regard to the use of the manufactured splints—anterior and posterior. Their use should be to prevent motion at the joint rather than to set the fragments. Hence, when they are used, let them be secured to the arm as loosely as possible, so that the angle already alluded to should not be effaced. Indeed, I have heard surgeons of great experience assert that they would prefer, in case their own arms were fractured at the elbow, to trust it entirely to a sling bandage, having seen the sad and too-frequent deformities from wooden splints.

1328 Spruce street, Philadelphia, June 7th.

MEDICAL SOCIETIES.

AMERICAN MEDICAL ASSOCIATION. SECTION ON OBSTETRICS AND DISEASES OF WOMEN AND CHILDREN.

Dr. Busey's Address.

He adverted to the maxim, "Meddlesome midwifery is bad," as interfering with the usefulness of the obstetrician. Goodell on "Head Last Labors," utilizing the power by traction on the head of the child, was regarded as a move in the right direction.

Parry's employment of the hand to flex the head when partially extended, so transforming occipito-posterior into occipito-anterior positions, and to change presentations of the face with the chin behind into those of the vertex with the occiput in front, was doubtless more easily demonstrated than performed, but was of value.

Penrose suggests a method of hastening delivery in mento-anterior positions of the face by establishing a force of artificial resistance to the posterior cheek of the fetus, whereby rotation of the chin is promoted.

Dr. G. Johnston's successful application of the forceps to cases of undilated but dilatable os is a negation of the traditional canon. He adapts such interference to cases of early rupture of the sac of waters; to cases where the sac is entire and the head has descended without the intervention of the waters; to cases complicated with prolapse of the funis, and to partial placenta prævia. The dilatation should at least reach two-fifths, but is an encouraging

resource whether the head is above or within the brim, or has descended into the cavity.

Duncan insists that the pendulum movement of the forceps should be discarded.

Dr. Poulet has projected an apparatus, the "sericeps." It is of a seamless material, woven double. It is a transverse band, to be spread around the fetal head, its ends connected with silken cords laced through eyelets. These are loose when the band is being adjusted, and when drawn should close the transverse band around the cranial ovoid along its sub-occipitomalar side; four ribbons inserted along the entire inferior edge, and united at the other extremities, two by two, form handles by which traction is made. The apparatus is adjusted by three arms introduced between the womb and head, superposed one upon the other, in their sheaths, formed by the ribbons, and when carried up to the promontory are separated, the posterior remaining *in situ*, and the other two, by rotation, are carried along the sides of the head until they meet in front, above the arch of the pubis, when the cords are drawn, the arms removed, and extraction begun. If placed high enough, it grasps a zone of smaller diameter than the central, so that, the material being inelastic, the cranial ovoid must be drawn before it. Dr. Poulet claims that in cases requiring energetic traction, particularly in the superior strait, this diminishes the child mortality, and protects the mother's soft parts, and insists that it is superior to the forceps by want of volume, its easy application, its ready adaptation to the maternal curves; the pliability of the ribbons preventing too great pressure of the soft parts; the absence of compression of the brain; it never slips; the increased range in rotation; its value in cases of decapitation.

However, the merit of this plan really belongs to an American. In 1851, Dr. John Evans, of Chicago, published an account of his "Obstetric Extractor" in the *Northwestern Medical and Surgical Journal*.

Poulet also proposes a windlass for aiding in extraction; for this he claims "true and uniformly sustained traction, by making the woman's pelvis the point of support; greater opportunity for traction in various directions; facility for application of force without restraining the movements and position of the lower limbs; obtaining support from the ischii without pain, or interfering with the use of the cords, or forceps, or delivery by the hand."

Perchloride of iron in post partum hemorrhage has been proved of great value; but complete and persistent uterine contraction is the only assurance.

Transfusion of milk, by Dr. T. G. Thomas, has been successful. The elevation of temperature after transfusion has not yet been explained.

In puerperal medicine there has been steady progress. Puerperal convalescence is no longer a season of seclusion from light, air, and food.

Puerperal fever is still in discussion, and its cause by no means settled.

He then quotes the summary of Leopold's in-

vestigations "On the Absorbents," from *Archiv f. Gynäkologie*, vol. vi, p. 1. Certainly the lymphatics play a prominent part in the pathology of puerperal diseases.

Puerperal eclampsia is yet involved, as to its pathology, in confusion. Albuminuria is present in about 90 per cent. of the cases; renal lesion is found in a large number of the fatal cases. But primiparal and plural pregnancies are more liable to convulsions. Perhaps the most important contribution to this study is the recognition of the febrile phenomena so universally associated with the convulsive seizures; the temperature is raised from the outset; remains so in the intervals, with a slight ascent at the moment of a convolution; if death approaches, this continues to augment, but if the reverse obtains, it steadily falls. The value of remedies is determined by the modification of the temperature; the fever is the element of danger. Venesection, hence, does not seem to promise so much. Chloroform lowers body heat; chloral lessens heart action and lowers temperature; veratrum viride depresses the temperature, slows the heart, and diminishes blood pressure; digitalis and aconite act in a like manner; cold affusions, purgatives and nauseants lessen heat. In brief, the successful methods illustrate the principle of physiological antagonism of therapeutic agents to the febrile state. Evacuation of the womb diminishes temperature.

The various methods of preventive treatment owe their efficacy to their effect upon the blood and blood-vascular apparatus. As a rule, these are directed to nutrition, to supply the albumen lost—to relieve the hydramia.

He then briefly alluded to the numerous suggestions and improvements in the branch of diseases of women and children.

Ovariectomy.

Dr. Dunlap, of Ohio, presented the subject of ovariectomy, with diversion of the pedicle, and obtaining a drainage below by the vagina. He passes a speculum into the vagina by the side of the uterus, plunges an instrument through and brings down the pedicle, and maintains it there. There is no dragging of the ovary and broad ligament out of its position. The great loss of life is from the pressure of fluids in the abdominal cavity, causing inflammation or septicæmia.

Dr. J. L. Atlee, Pa. If the clamp on the pedicle is brought up outside the abdomen, no drainage is required. Where you have a good atmosphere, and a moderately good constitution in your patient, there is little to fear from septicæmia. There are constitutions which break down under any shock. The less we meddle with the peritonium the better. He first operated in 1843.

Dr. Dunlap. "I commenced two months after Dr. Atlee. I only use the drainage where we wound the peritoneum by tearing up the adhesions. As regards the uterine functions, I have again and again had patients to bear

children, and without trouble, after the operation."

Dr. Hodge, of Philadelphia, had operated but few times. Each case gets well in private practice. Not so fortunate is hospital practice. The greatest trouble is the atmosphere. He saw no need for a drainage tube, even where adhesions are numerous. In one case with numerous adhesions, requiring many ligatures, he applied the ligature, cut off both ends, and all did well. The drainage tube is a source of irritation, and also allows the air to pass in as the fluids pass out.

Dr. Atlee's preparatory treatment was to thoroughly cleanse the bowels with castor oil, and then barley or cold water, and then put the bowels in splints with McMunn's elixir; twenty to thirty drops the evening before the operation and early the next morning. He generally operated at 11. After, for two or three days, the patient lives on cold water.

Dr. Sims saw three deaths from hemorrhage, the pedicle being tied. He returned to the clamp, and now always used it. The objection to the clamp is that sloughing goes on beyond it. He detailed cases of success where failure seemed imminent.

Dr. Byford, of Illinois, did not use the clamp now, but the ligature, and had saved eight out of ten since. The ligature acted like a syphon. Drainage is very important, but should not be by a stiff tube, liable to hurt the patient.

Dr. Sell, of New York, alluded to the success of Wells, who always used the clamp. Much depends on care in operating and the condition of the patient.

Dr. W. L. Atlee, Pa., preferred the clamp. Had used all other means, but preferred the clamp for the pedicle. Keith uses the hot iron, but Dr. Atlee could not be persuaded to it. Rare cases will not admit of the clamp, but a short pedicle is no objection to it. The virtue of the clamp is it places the dead tissues outside the cavity of the peritoneum. The management of intestinal adhesions is of importance. He had operated 347 times, over 200 times with the clamp, and he had yet to see sloughing beyond the clamp. About seventy per cent. recovered. The last seven all recovered. Below the clamp the pedicle recedes, granulation occurs, and thus the wound heals. Examinations made years after the operation showed the pedicle adherent to the internal surface of the wound. Adjourned.

SECOND DAY.

On the second day, R. A. Page, of Washington, described a new uterine supporter. This is for cases with hyperesthesia of the vagina. It is a curved rubber rod, wrapped with fine cotton, so as to resemble a curved dumb-bell. If necessary, this may be medicated. It is kept over night in a solution of carbolic acid.

Dr. Byrne, of New York, exhibited a small battery for galvano-cautery operations, now on exhibition at the Centennial. He objected to a white heat for the cautery, as it is more liable

to be followed by hemorrhage. He explained very fully its use for the removal of tumors, excising the cervix uteri, etc. He alluded to its use for the pedicle of an ovarian tumor. He had never used it for venereal warts. In the removal of hemorrhoids it rarely produces pain, and a suppository readily controls this. A vote of thanks was tendered Dr. Byrne for the exhibit.

Dr. Marcy showed a photograph of a girl of extraordinary development. Pubic hair began to grow at the ninth month. At the first month the mammary glands began to develop. She is precocious in intellect and wonderfully developed. There has been no menstruation, though the womb is well developed.

A delegate believed this development to be due to the parents, especially on the part of the mother.

Dr. Sell alluded to the "baby woman" in the museum in New York. She was three years old; menstruated at 18 months. The mammae were largely developed. Still it was an innocent child. Adjourned.

THIRD DAY.

Dr. Burge, of New York, alluded to the use of veratrum viride in place of venesection. Though great depression was induced in each case, the patient quickly rallied.

Dr. Langley thought too much fear was shown in its use. Whisky generally causes rapid return of strength etc., when the veratrum has much depressed the patient.

Dr. Battey, of Georgia, said, in his State it is much used, not only in puerperal eclampsia, but generally. If the drug is good, four to five drops every two to three hours produces the effect. He regarded it as dangerous, and knew of one death from it.

A member had seen a case where a child took thirty drops in a dose and nearly died. Reaction soon occurred after the use of spirits. He had reduced the pulse from 130 to 60 in 24 hours very frequently, but rarely exceeded eight drops in four hours.

Dr. Battey was called to a case of puerperal fever, where the veratrum was given in three drops every three hours. He found great prostration and almost collapse. At his suggestion the veratrum was stopped, and in six hours the patient had rallied.

Dr. Fitch, of Illinois, used Norwood's tincture, and it never failed him. He used it in eclampsia, commencing with a minimum dose, increasing it drop by drop till the pulse falls; if it rise again, increase the dose. If there were a full, bounding pulse, he would first bleed.

Dr. Bennett, of Ohio, recalled the fact that eclampsia of child-bed may occur, both from hyperæmia and anæmia; each affects the brain; hence, the treatment must be different.

Dr. Greene, Michigan, had used hypodermics of morphia, one third of a grain, and the convulsions ceased within fifteen minutes. As to veratrum, he gave 3 to 5 drops every hour, and

as the pulse falls, cease it and give brandy and morphia.

Dr. Ohr, of Maryland, always bled in these cases. His practice was among a healthy mountain race of people. He seats the patient and bleeds until there are signs of returning consciousness; next deliver the patient. He had only one case of post-partum convulsions, and that was the result of ergot. Chloroform may be used to aid in delivery. He did not like veratrum viride. Other articles are safer and more reliable.

Dr. Jenks, of Michigan: as a rule post-partum convulsions recover with very little treatment; as a case approaches epilepsy, chloroform is all we need; as it approaches apoplexy the lancet is required. It is not right to wait for the tardy action of veratrum.

Dr. Kerr, of Pennsylvania: in my experience, as a rule, all cases get well. He preferred no claim for treatment, as all seemed equally useful.

Dr. Eshleman, of Philadelphia, had heard nothing of chloral and nothing of ether, in puerperal convulsions. He gave ether and chloroform, three parts to one part, whenever there was an irritable condition. He had used chloral with the best results. In plethora, he bled. In anaemia, he gave ether.

Dr. Peaslee, of New York, believed in the lancet, when we have taken all precaution, and yet eclampsia occurs; then bleeding is the remedy. Take blood until she pales, until she relaxes. But when albuminuria is present this will not do. Chloroform must be used, and deliver as rapidly as possible. He had never used veratrum viride. It was too slow. The question is whether blood should be continually sent to the head. Brain affections do not follow after bleeding.

Dr. Sims was called on, but had no experience for twenty-three years.

Dr. Ohr mentioned two post-partum cases, both relieved, as before, by bleeding, etc.

Dr. Goodrich, of Minnesota, related a case in which he bled and used elaterium with good results. Then gave her the tincture of iron, and all continued well. Another case showed similar symptoms, and the same treatment removed them, and no convulsions followed.

Dr. Jennings, of Arkansas, always bled. Lately, he also used the bromide of potassium with chloral, and never lost a case.

Dr. Fitch, of Illinois, alluded to meddlesome midwifery as mentioned in the president's paper, and asked what points he meant.

Dr. Busey replied that it deterred many from acting.

Dr. Sims, on meddlesome midwifery, alluded to the fact that the want of action often causes bad results.

Dr. Jenks thought the use of persulphate of iron in hemorrhage a bad practice. The coagula cause septicæmia. Hemorrhage can be checked by following up the expulsion of the head, compelling the uterus to contract and so remain.

Dr. Larabee, of Kentucky, alluded to the use of tincture of iodine as an injection into the uterus, and ergot injected into the arm, as very prompt. The latter acts in fifteen or twenty minutes.

Dr. Fitch, to prevent hemorrhage, gives a dose or two of ergot just before the delivery, when he has reason to expect this complication. This to secure firm contraction of the uterus. Also, he grasps the uterus, and squeezes it, to make it contract firmly.

Dr. Wilson had used iodine. A case had sudden hemorrhage after the ninth day. This was controlled by ice and ergot. The bleeding recurred, with immense loss. She became almost pulseless. The uterus would not remain contracted. He then used iodine; injected three or four drops, having first smeared the parts externally with starch, to prevent excoriation. He felt the instantaneous contraction of the uterus, and it never relaxed. This article is free from the objection to the persulphate of iron. It is an antiseptic. He had used it in several cases.

Dr. Sims said that in London several deaths had occurred after the injection of the iron. He related a case: The bleeding had gone to the extreme, so that transfusion was thought necessary, but the apparatus would not work. Dr. Sims then took a piece of whalebone, eighteen inches long, made a solution of persulphate of iron, wrapped the whalebone with cotton, saturated it with the iron solution, and passed it up about seven inches. It was an inch in diameter at the lower part, and as contraction did not ensue, the large part was passed up, and the hemorrhage at once stopped. Twelve hours after, the plug was removed. This is better than injecting, because you bring away all the clots, generally, with the plug.

He desired now to throw down the gauntlet to the Drs. Atlee, and would call up next year, for discussion, the subject of the clamp in ovariotomy.

The address was then referred for publication.

Dr. Garrish, of New York, alluded to the use of the ophthalmoscope when head symptoms occurred in pregnancy. He urged the use of fresh air in pregnancy. Adjourned.

THE ASSOCIATION OF MEDICAL SUPERINTENDENTS OF AMERICAN INSTITUTIONS FOR THE INSANE.

The thirtieth annual meeting of this association met at the Continental Hotel in this city, on June 13.

The first session was called to order by Dr. Clement A. Walker, of the Boston Lunatic Asylum, who said that in the unexpected absence of the president, Dr. C. H. Nichols, it became his unwilling duty to open the meeting and to call upon the secretary, Dr. John Curwen, for the minutes of the last meeting. After these records of the Auburn meeting were read Dr. Kirkbride tendered to the association,

on behalf of the physicians and citizens of Philadelphia, a hearty welcome. This association was thirty-two years old, and the deliberations of these meetings had certainly done more for the insane than all other causes combined.

Dr. Kirkbride then stated that it was his painful duty to announce the sudden death of Dr. George Cook, of Brigham Hall, Canandaigua, N. Y. He was stabbed by a patient in the asylum on Monday night. On motion the president was requested to appoint a committee to take action on the matter, with Dr. Chapin, who had on that account gone to Canandaigua, as chairman.

Drs. Curwen, Kilbourne and Denney were appointed a committee to nominate delegates to the International Medical Congress in September.

Dr. Kirkbride offered a series of resolutions eulogistic of the life and character of the late Francis T. Stribbling, of the Western Asylum, of West Virginia.

The Chair then stated that it had been the custom of the Association to spend the early hours of the session in hearing reports of the treatment of the insane in different parts of the country. He would first call on Dr. Henry M. Harlan, of Maine.

This gentleman said that seclusion, the common wristlets, and the belt, were the only systems of restraint used. A place of amusement and a chapel had been found very advantageous, and concerts, readings, theatrical entertainments, etc., had proved very beneficial.

Dr. John W. Sawyer, of Rhode Island, said that but little change had been made in the systems of treatment in his State during the past year.

Dr. Henry W. Buel, of Connecticut, was called upon, and begged leave to retire in favor of Dr. Butler, a veteran superintendent.

Dr. Butler said he knew very little of the details of the new improvements, as he was not now in the field, but he understood that the management of the various asylums was giving very general satisfaction.

Dr. John P. Gray, of the State Lunatic Asylum, of Utica, New York, said that his State had given very liberally this year toward the continuance of the work for providing for the insane, and he had no doubt the appropriations would be continued from year to year, until at least 3200 could be provided for by the State.

Dr. C. F. Macdonald, of Brooklyn, made a few remarks in regard to the institutions of the city of New York. Referring to the City Asylum at Ward's Island, he said that many important changes had been made, among which was the removal of the warden, giving the physician supreme power, and the better regulation of the diet, which increased the expenditure for provisions, but equally reduced the cost of drugs and stimulants. The death rate had, by this system alone, been decreased fifty per cent.

Dr. Kirkbride said that the new hospital at Warren, Pa., was being rapidly constructed, and

would accommodate six hundred patients when completed. No appropriation had been made for the accommodation of the criminal insane. A bill had been presented for the erection of a hospital in the southeastern part of the State, for the accommodation of Philadelphia and several adjoining counties, but Philadelphia alone required two complete hospitals.

Dr. Schultz said that the Danville Asylum had been increased for the accommodation of two hundred more.

Dr. Curwen referred to the hospital at Warren, saying that the whole foundation of the building was laid several years ago, and the laundry building had already been roofed in. It was proposed to put up a building entirely fire-proof, and this could be done at small expense, as the stone was quarried and brick manufactured on the premises. The movement for the Southeastern Hospital was made through a bill introduced into the Legislature, and an appropriation had been made for the purchase of a farm.

Dr. R. F. Baldwin, of Virginia, reported that at a meeting of the Board of Directors of the Asylum of Virginia, it was determined to ask for an appropriation of \$80,000, to be divided between two institutions, and they were daily hoping to hear that they could draw on the State for the expense of constructing necessary additions.

Dr. T. B. Camden, of West Virginia, was happy to report that his State was now able to care for all the white insane of the State, and that before long the colored hospital would be finished.

Dr. Eugene Grissom, of North Carolina, promised that, before the close of the meeting, he would present the plans of a new hospital which was being erected in his State.

Dr. J. F. Fusor, of South Carolina, said they labored under the embarrassment of not being able to draw the money from the appropriations. He had still in his possession \$6000 in warrants drawn on last year's appropriation. He had, however, made arrangements with parties in the Centennial City to get on credit all the supplies needed for four hundred inmates until next January, when the old warrants will have been turned into cash. A number of minor improvements had, however, been made, in spite of the difficulties under which they had labored, and he believed there was light ahead for the insane of South Carolina.

Dr. H. A. Buttolph, of New Jersey, said that the State would very soon be able to accommodate all the insane on her territory.

Dr. Thomas H. Green, of Georgia, said he was happy to state that no trouble had been experienced for want of means, though there was a painful want of room, as no additions had been made to the State Asylum since 1873, and there were always more applications than could be filled. At the last session of the Legislature the subject was generally discussed, and many suggestions were made, but nothing was done.

Dr. William M. Compton, of Mississippi, reported that since the war Mississippi had done more for her insane than any other Southern State. The State institution had been doubled in size, and the improvements fully paid for. It had been also provided by the Legislature that the physician could discriminate in the applications instead of taking them in regular order. By this means they could select acute and curable cases in preference to chronic and incurable ones.

Dr. D. R. Wallace, of Texas, reported that no urgent case had been denied admission into the State Asylum for the last thirty months, and yet the asylum accommodates but two hundred inmates. This could only be explained on the theory that the people of Texas were singularly free from this sad affliction. It had been estimated that the proportion of the insane in that State was only about one to 2500. The speaker referred to a number of instances of lunatics who were discharged from asylums unimproved and had been completely cured after their return home. He argued that patients could often be greatly benefited by visits to home and friends.

Dr. J. H. Callender, of Tennessee, had nothing of general interest to report from his State. The two new asylums had been abandoned, for want of money to carry out the projects, but still there was, however, a healthy public sentiment among the people.

Dr. Robert C. Chenault, of Kentucky, reported that the patients in his State were being well fed and well clothed, and when the Second and Central Asylums were finished there would be ample accommodations for white and colored inmates.

Dr. C. C. Forbes, of the same State, spoke at some length on the new departure made by the Legislature in regard to the management of the insane asylums of the State. This, however, was but a relapse into a condition of things which had already been tried and found wanting, for it gave more than one half of the authority to the steward. He was happy to state that this law had again been changed, and the physician was given his original authority. The physician concluded with a touching reference to the death of Dr. Bryan.

Dr. W. S. Chipley, of the Cincinnati Sanitarium, spoke of the workings of the institution which he represented, saying that it had a capacity for one hundred patients, and now accommodated about fifty, the inmates being all of that class able to pay for their own maintenance.

SECOND DAY.

Dr. Charles H. Nichols, the president, having arrived from Washington, was conducted to the chair.

The hearing of reports from the various States was continued.

Dr. J. Welsh Jones, of Louisiana; Dr. W. H. Bunker, of the Longview Asylum, Carthage, Ohio; Dr. L. R. Lanfur, of Ohio; Dr. Alpheus Everts, of the Hospital for the Insane, Indian-

apolis, Ind.; and H. F. Carrell, of the Hospital at Jacksonville, Ill., all reported that the accommodations for the insane had been gradually enlarged and the methods of treatment improved.

Dr. Edwin A. Kilbourne, of the hospital at Elgin, Illinois, stated that though the buildings of this institution were completed in 1874, they were not all occupied, owing to a lack of an appropriation until a few months ago. The State Board of Public Charities, however, had aided them in every possible way.

Dr. Mercer, of the hospital at Anna, Illinois, reported that the institution which he represented had greatly increased its accommodations within the last year.

Dr. Walter Kimpster, of the Northern Hospital of Wisconsin, stated that there now remained but four hundred insane in his State to take care of, and he expected to report at the next meeting that every afflicted person in Wisconsin had been fully provided for.

Dr. Mark Ranney, of Iowa, stated that he represented one of the most rapidly growing populations in the country, and he was sorry to say that accommodations for the insane were not keeping pace with this increase. By a recent enactment in his State the medical superintendent was empowered to examine all letters written by the insane to their friends, and also the letters received, but at the same time the inmates were given the legal right to correspond under seal with a supervisory committee. The gentleman referred to the fire which recently occurred in his institution, and said that the building had a shingle roof, and the fire probably originated from sparks from the chimney, although it was possible that it might have been incendiary.

Dr. Albert Reynolds, of the hospital at Independence, Iowa, said that the State which he represented had been gradually increasing the accommodations for the insane. He had been making a study of a certain phase of the disease, and promised to have a paper ready for reading at the next meeting.

Dr. T. H. R. Smith, of Fulton, Missouri, reported that the State institutions had been getting along harmoniously, and it was hoped that the Legislature could be induced to appoint a commission to take full charge of the State unfortunate.

Dr. George C. Callett, of St. Joseph, Missouri, referred to the Lunatic Asylum, No. 1, of his State, saying that the location was perfect in every respect, except that there was some difficulty in obtaining a perfect water supply. This defect, however, would soon be remedied. The capacity of the building was 250, and 160 were present when he left. At the last session of the Legislature an appropriation for improving the heating apparatus was obtained, and this change had been found of great advantage.

Dr. F. G. Fuller, of Lincoln, Nebraska, said that in a population of 250,000 the State had less than 150 insane. The asylum was not full, and there were no applications.

Dr. J. T. Stevens, of the Provincial Asylum, St. John, New Brunswick, reported that this institution had a capacity of about 250. The population of the province was about 250,000, and it was estimated that it contained from six to seven hundred insane, a large proportion, which could only be accounted for on the theory that idiots, epileptic subjects, etc., were included in this estimate.

Dr. Daniel Clark, of the asylum at Toronto, Ontario, reported that the quaint and incurable insane had been removed from his institution to a new inebriate asylum, and he was, therefore, relieved from the care of a proportion of those formerly under his charge.

Dr. R. L. Parsons, of the City Asylum, Blackwell's Island, New York, reported that better food and clothing had been provided for the insane, and during the past year the dietary scale adopted had been found most effective in preventing the common diseases of the spring and summer. Steamboat excursions, carriage rides, etc., had been given once a week, and relaxations of all kinds were, within reasonable limits, encouraged. The average cost of the maintenance of patients, including food, clothing, salaries, wages, etc., was but twenty-three cents each day.

Dr. W. Black, of the Eastern Asylum of Virginia, reported that the institution would be entirely finished in a few months.

Dr. Mead, of Boston, Massachusetts, spoke of the improvements made in the institution over which he presides, and then Hon. J. W. Langmuir, inspector of asylums of the Province of Ontario, gave a brief account of the work of the government in Ontario, Canada, showing that great progress had been made in that direction during the past few years. There were fourteen large institutions of various kinds under the control of the government, and forty-eight over which the government had a supervisory control.

Rev. Mr. Kerr and Mr. Talbot, of Minnesota, both spoke of the success of the asylum in Minnesota, and both characterized it as in every respect a model institution.

Dr. Kirkbride called upon the president for some information respecting the insane in the District of Columbia and the army and navy. The Chair, however, retired for a moment in favor of Dr. Clement A. Walker, of Boston, Mass., who stated that new asylums were being constructed in different parts of the State, and old buildings were being remodeled. In the Boston Hospital, with which he was specially connected, there were about two hundred and fifty patients, and its population was kept near that point all the year round. There was no hesitation in Massachusetts in providing for the insane now living and for the probable increase within the next ten years.

Rev. Mr. Wides, of Illinois, a member of the Board of State Charities, was called upon, and made a brief address, in which he directed attention to the Cook County Insane Hospital,

saying that though it was still below the grade, it was rapidly improving, and would soon rank with the best in the State. Provision had now been made for the accommodation of seven-twelfths of the insane population.

The president then arose, and speaking of the Government hospital at Washington, said that it had accommodations for 563 patients, but on the last day of May had 753, or only ten less than 200 beyond its capacity. It was proposed two years ago to increase the accommodations by erecting a separate department for female patients. This had the approval of such members of Congress who had given their attention to the scheme, but it was not probable that any appropriation could be obtained this year. These patients were derived from the army and navy; all living men in the Republic who have been honorably discharged and are indigent; the insane of the District of Columbia, and the insane of the merchant marine. In the District of Columbia were 16,000 people, and adding all the other sources, the population from which the insane of all classes are derived could be estimated at about 1,000,000. Medical men could easily conceive of the cause of the large amount of insanity in the army. In times of peace the army was largely recruited from men broken down in health and spirits, and often the victims of bad habits, and many of the best men suffered from home-sickness, which annually produces a great deal of insanity. This was the only general moral cause of insanity which could be found. The speaker next referred to the recent investigation into the management of the Government Hospital for the Insane at Washington, and said that as the report of the committee had not yet been made, he was not willing to go into details. He would say, however, that he felt much confidence of a favorable report from the majority, and hoped for a unanimous report in his favor. He had had charge of all the funds except that disbursed for land. He had made a list of fifty persons who were familiar with the manner in which the money had been expended, but the chairman of the committee refused to take any testimony on that point, because he did not consider that any serious charge had been made in regard to his integrity as a financial agent.

Dr. Isaac Ray read a paper on "The Criminal Responsibility of the Insane." The speaker was opposed to the law as generally practiced, and held that insanity, however slight, should be treated as a matter of fact, instead of a question of law, and that legislative enactment should decide that all prisoners proved to be mentally diseased should be regarded as irresponsible. This conclusion was arrived at after the most careful examination of the workings of insanity as illustrated by long experience, and the Doctor stated that though a prisoner might have appeared rational to many witnesses, he might, nevertheless, have been incapable of distinguishing right from wrong at the time a criminal act was committed.

July 1, 1876.]

Medical Societies.

II

THIRD DAY.

The Association continued the discussion of a paper read by Dr. John P. Gray, of the State Lunatic Asylum, at Utica, New York, on "Mental and Physical Symptoms in Cerebral Diseases, and their relations to insanity."

Dr. Mark Ranney, of the Hospital for the Insane, Mt. Pleasant, Iowa, said that softening of the brain is much less common than is popularly supposed. He described two cases of partial paralysis of the thigh and arm caused by brain softening.*

Dr. Isaac Ray, of Philadelphia, said that the influence of Dr. Gray's paper would be valuable in directing attention to the study of a class of cases to which too little attention has been given, simply because the opportunity does not present itself so frequently in the asylums. The phrase "Softening of the Brain" is one of the most abused terms in our nomenclature. Softening is one of the rarest forms of cerebral disease. Any other lesion of the brain is more frequent. He approved generally of the therapeutics indicated by Dr. Gray, who disapproved of depletion even in those cases in which, forty years ago, bleeding would have been the first thing resorted to. In cases of threatened congestion he believed trouble could often be prevented by depletion, but the moment for its profitable use passed very soon.

Dr. Walter Kempster, of the North Wisconsin Hospital for the Insane, Oshkosh, Wisconsin, said that, in every case of softening in which he had made post-mortem examinations, he had found miliary aneurisms in the midst of the softened tissue, their usual size being about one forty-fifth of an inch in diameter.

Dr. Edwin A. Kilbourne, of the Hospital for the Insane, at Elgin, Illinois, said that embolic softening of the cerebral hemispheres might exist without impairing the mental activity.

Dr. A. E. MacDonald, of the City Asylum for the Insane, Ward's Island, New York, said that, on post mortem examinations he had found a great diversity of pathological appearances in cases where death had resulted after the same class of symptoms.

Dr. R. F. Baldwin, of the Western Lunatic Asylum, at Staunton, Virginia, described a post-mortem examination he had made in the case of a negro who received a blow on the head which he (the doctor) considered trifling. He was surprised to hear of the negro's death the morning after the blow, and on post-mortem examination he found the whole anterior cerebrum in a state of softening. A spicula of bone an inch and a half long protruded from the frontal bone directly into the brain substance. This was caused by the kick of a horse received year before. He cited this to show how largely brain disease may exist without affecting the faculties.

The Committee on time and place of the next meeting reported in favor of St. Louis, Mo., the time to be the last Tuesday in May, 1877. The report was unanimously adopted.

Dr. Kirkbride introduced to the Association Miss D. L. Dix, who was received with applause.

The Committee to nominate delegates to the International Medical Congress, reported the following, who were unanimously elected:—

Dr. T. S. Kirkbride, of Philadelphia; Dr. Isaac Ray, of Philadelphia; Dr. John Curwen, of Harrisburg; Dr. C. A. Walker, of Boston, Massachusetts; Dr. Pliny Earle, of Northampton, Massachusetts; Dr. John P. Gray, of Utica, New York; Dr. D. Tilden Brown, of New York; Dr. H. A. Buttolph, of Morristown, New Jersey; Dr. Orpheus Evarts, of Indianapolis, Indiana; Dr. Charles H. Nichols, of Washington, D. C.; Dr. Walter Kempster, of Oshkosh, Wisconsin; Dr. C. N. Hughes, of St. Louis Mo.; Dr. H. C. Carroll, of Jacksonville, Illinois; Dr. J. H. Callender, of Nashville, Tennessee; Dr. W. S. Chipley, of Cincinnati, Ohio; Dr. James Rodman, of Hopkinsville, Kentucky; Dr. Eugene Grissom, of Raleigh, North Carolina; Dr. C. K. Bartlett, of St. Peter, Minnesota; Dr. A. M. Shew, of Middletown, Connecticut; Dr. James R. Dewolf, of Halifax, Nova Scotia.

The discussion of Dr. Isaac Ray's paper, read on Wednesday evening, on "How Far Insanity Should be Received as an Excuse for Crime," was then taken up.

Dr. Kirkbride called attention to the great importance of the subject, and called for a free expression of opinion upon it.

Dr. John P. Gray, of the State Lunatic Asylum of Utica, New York, said that present experience shows that there is a far greater danger of the guilty escaping punishment by feigning insanity than of the insane being improperly punished.

The great desideratum, he said, is to get the expert witnesses nearer the court. In New York, when the accused pleads insanity as his entire excuse, the court appoints a commission of experts to discover whether the accused was insane when he committed the crime, and in no instance yet has the judgment of such a commission been overruled by the court. This he considered a far better plan than the examination of an expert witness before a jury. The commission he spoke of decides whether the accused is a fit person to be tried at all.

The judges are careful in the appointment of the commissioners, and they are required to submit a report embodying not only their opinion, but all the testimony taken before them, so that the opinion may be examined by the court in the light of the evidence. This plan, he said, did away with the disgrace to the profession, now so often seen, of the directly contradictory testimony of experts, caused by the same case being presented to two different expert witnesses in entirely different lights.

Dr. Richard Gundry, of the Southeast Hospital for the Insane, Athens, Ohio, said that offences are often committed by persons who are perfectly irresponsible at the time, although they have no disease of the brain.

Suppose a man has the gout, and in a paroxysm of the disease he assaults his attendant. That man is as free from responsibility as though he were the most confirmed lunatic alive.

Dr. W. S. Chipman, of the Cincinnati Sanitarium, said that from his observation one of the greatest evils connected with medical jurisprudence is, that persons are often called as experts who are not experts. As for hypothetical cases, he had always refused to answer in court any questions founded upon them, because what might be evidence of insanity in one person might not be in any degree so in another. He had always refused to answer questions that were not founded on actual facts, and he had always been sustained by the court.

Dr. A. E. McDonald, of the City Asylum for the Insane, at Ward's Island, New York, thought the Association should put itself on record in opposition to bringing insane persons before juries at all, inasmuch as the New York plan of a commission of experts had proved itself to be so much superior.

Dr. R. L. Parsons, of the City Lunatic Asylum at Blackwell's Island, New York, said that in the case of Scannel, in New York, the attorney for the defence made up a hypothetical case and presented it to the medical expert, who testified that it was undoubtedly a case of insanity. The district attorney then presented a hypothetical case to another expert, who testified that the person described manifested no signs of insanity.

Dr. Ray thought that the practice in Maine was better than the New York plan, of a commission of experts before trial. In Maine, if the accused pleads insanity as his only excuse, he is sent for a time to the insane hospital for purposes of observation.

Dr. Henry M. Harlon, of the Hospital for the Insane, Augusta, Maine, described the working of the law requiring accused persons in whose case the plea of insanity has been offered, to be placed in the Asylum of Observation. He said the law worked very well, except when any of the persons sent in for observation are found not to be insane, in which case they prove to be very troublesome, and the mingling of these sane criminals with the insane patients was a great evil. He had urged the establishment of another institution, where such persons could be sent for purposes of observation, and to which persons acquitted on the ground of insanity could be committed.

FOURTH DAY.

The meeting was called to order by the President, Dr. Nichols.

A letter was read from Dr. Wilkins, of California, who said that he hoped the Association would take hold of the Philadelphia Almshouse, so long overcrowded, and endeavor to prevail on the city to wipe out the disgrace of that miserable institution.

Dr. Isaac Ray stated that, though the management had succeeded wonderfully under the cir-

cumstances, he would like to suggest that, if there was any virtue in these conventions, now was an opportunity to show it. Judged by what was seen in other institutions, the manner in which the inmates of the Almshouse were cared for was simply disgraceful. The insane had been allowed to accumulate there (where they never should have been sent in the first place), and this had continued until the rooms and halls were so overcrowded that it was necessary to place three persons in each of the smallest rooms. When a violent patient was brought in late at night the only thing which could be done was to turn three patients out of one room and crowd them into an apartment with three others, in order to give the new and violent arrival a room to himself. This condition of things was purely the result of public parsimony. In one spurt of enthusiasm there had been an addition put up. Yet this was immediately filled, and in a storm of popular indignation Councils also erected a few shanties, which gave a little more room, but was utterly unsuitable for the purposes required. For the last three or four years the average cost of the maintenance of these inmates was only \$1.80 a week each, and so long as jobbery ruled this would continue. There was no reason why the insane poor of the city of Philadelphia should not be provided for by the State, as well as the insane of Pittsburg.

Dr. Kirkbride concurred entirely with the view of Dr. Ray, but he hoped it would not be supposed that public attention was just being directed to this abuse. It was just a quarter of a century since efforts were first made to have the State provide for the Philadelphia insane, and when every project failed they concluded the only thing which could be done would be to let the matter go on from bad to worse until public indignation forced the application of the remedy suggested. Dr. Curwen moved the change of the reference of the letter from the Committee on Business to the Committee on Rules.

The next day Dr. C. H. Nichols was in the chair. After miscellaneous business the meeting adjourned to St. Louis, the last Tuesday in May, 1877.

Intemperance and Insanity.

In corroboration of some remarks we made on the relation of alcoholism and insanity some weeks ago, we add the following remark from the last Report of Dr. Clouston, Superintendent of the Edinburgh Royal Lunatic Asylum. After submitting his annual statistics, he then proceeds to analyze the causes that have produced the insanity in the 310 cases admitted during the year. "Glancing over the summary of assigned causes, it is at once seen that intemperance stands out as by far the most frequent. It alone caused 48 of the 257, or about 20 per cent, in which the cause was known."

EDITORIAL DEPARTMENT.

PERISCOPE.

Salicin and Salicylic Acid in Rheumatism.

The remedy of the hour in rheumatism is *salicylic acid*. Though now obtained by chemical synthesis, it exists in salicin, an alkaloid much employed by Southern surgeons during the war, in lieu of quinine.

On their comparative merits Dr. MacLagan says, in the *British Medical Journal* :—

As I am probably the only person who has experience of both salicin and salicylic acid in the treatment of acute rheumatism, perhaps I may be allowed space for a few remarks on the merits of these two remedies.

Which is the better remedy, salicin or salicylic acid? That each exercises a marvelous influence in cutting short an attack of acute rheumatism there can be no doubt. I have used salicin or salicylic acid in every case of acute rheumatism which has come under my care since November, 1874 (a year and a half), and invariably with the same result—a rapid cure of the disease. Seeing a patient suffering from acute rheumatism, I have no hesitation in assuring him that within forty-eight hours, possibly within twenty-four, he will be free from pain. That is a very different tale from any that can be told in connection with any other remedy.

Salicin is the remedy which I used first, but I have not confined myself to it. When salicylic acid was first recommended as a febrifuge, I determined to give it a trial in acute rheumatism. In the first case in which I used it, ten grains were ordered every two hours. On seeing the patient after four doses had been taken, the general condition was a little better, but she complained much of the medicine "burning her throat." I urged her to continue it. This she did, and on the following morning the pain was less, and the temperature had fallen from 102.3 to 101.1; but the burning sensation in the throat was now added sickness. I omitted the salicylic acid, and gave the same dose of salicin, ten grains every two hours. The sickness ceased; the burning sensation in the throat disappeared; and by the following day the pain was entirely gone from the joints, and the temperature had fallen to 98.8. She made a good recovery.

This case well exemplifies what is the chief objection to salicylic acid—its tendency to produce irritation of the throat and stomach. I may have been unfortunate in my experience, but in every case in which I have given it this irritation has been complained of. All writers on the subject agree in referring to this irritation as one of its unpleasant effects. The salicylate of soda seems to give rise to the same

disagreeable symptom. Salicin, on the other hand, never gives rise to any unpleasant effects. I have prescribed it within the last year and a half in many different ailments, in doses ranging from five to thirty grains. I am probably within the mark when I say that I have thus given it to at least a hundred different people, and I cannot recall a single instance in which any disagreeable effect was produced.

I have myself taken (by way of experiment) three doses of sixty grains—one in the forenoon, one in the afternoon, and one at night—without experiencing the least discomfort; but the smallest pinch of salicylic acid produces in me a feeling of heat and irritation in the throat, while a dose of ten grains gives rise to gastric irritation and a most unpleasant burning sensation in the fauces.

Salicin is a pleasant bitter, and is best given mixed with a little water, flavored with syrup of orange if desired. In adequate dose, say fifteen grains every two hours, it cuts short an attack of rheumatic fever, without producing disagreeable effects. It should be continued in smaller doses during the first fortnight of convalescence.

As remedial agents in acute rheumatism, salicin and salicylic acid seem to be equally efficacious; but the former has the advantage of producing no unpleasant effects. In time, too, it is sure to be much cheaper, a matter of some importance with a large class of sufferers from rheumatism.

On Torsion and Ligature.

A Paris correspondent of an English contemporary states that at a clinical lecture at the Lariboisière Hospital, M. Tillaux pointed out the advantages of torsion over the ligature of arteries, and all the other means employed for arresting hemorrhage after the great operations. M. Tillaux stated that up till now torsion had been applied by other surgeons to only small arteries, but he has also applied it to the larger arteries, and, after having practiced this method for the last five years, he has come to the following conclusions:—1. Torsion is applicable to all arteries, and particularly to the larger ones. 2. A single pair of forceps is sufficient, and not two pairs, as employed in England and elsewhere. 3. The artery should be seized obliquely, and not longitudinally, and in such a manner that the three coats in their entire breadth should be included in the grip. 4. The torsion or twisting of the arteries should then be practiced until the portion seized becomes detached. 5. It is unnecessary to adopt measures to limit the extent of the torsion, as practiced by Amussat and the English surgeons, as the operation limits itself either to

the part seized or to one or two centimeters above it. 6. Torsion is applicable to atheromatous or inflamed arteries, as well as to arteries in a healthy condition. 7. Torsion favors union by the first intention, owing to the absence of a foreign body, as in the case of ligatures. 8. Like the ligature, torsion prevents primary hemorrhage. 9. Torsion acts more effectually than the ordinary ligature in preventing secondary hemorrhage. M. Tillaux asserts that ever since he began to employ torsion, in 1871, he has never had a single case of primary or secondary hemorrhage, and yet he has practiced it in about a hundred cases of capital operations.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—“Warm and Hot Water in Surgery.” By Frederick E. Hyde, M. D., New York. This is a reprint from the Buffalo *Medical and Surgical Journal*, and sketches historically the uses of this agent from the Hippocratic era to the present. The methods of immersion, irrigation, and fomentation, are described by cases. The essay is no more than a compendium of the experiments of Prof. Hamilton with water-dressings, and is a convenient way of embalming his clinical experiences.

—Specimen Fasciculus of Catalogue of National Medical Library, at Washington, D. C. This is a sample of a catalogue, soon to be issued, of the books and periodicals making the Medical Section of the Library of Congress. The specimen is submitted for suggestions and critical amendments. The single alphabet system is used, and the classification by anatomy adopted. The titles, authors, and references are distinguished by various sizes and styles of type. The outline, here set, augurs the coming work to be an elaborate and convenient bibliography.

—Proceedings of the Medical Society of the County of Kings, vol. 1, No. 3. An exhaustive syllabus of the physiological behavior and clinical therapeusis of Nitrite of Amyl, by Dr. Hutchins, marks this the most valuable member of the series. The paper is alarmingly bolstered by cases in point, not pirated, but honorably borrowed from every source.

—Auscultation of the Oesophagus. By Louis Elsberg, M. D. This tract notices the character and import of the “sound” in this method of diagnosis.

—Remarks on Urethral Stricture. By Fessenden N. Otis, M. D. These were offered before the British Medical Association, and are now published in pamphlet by the organ of the Society. The hobby of the author, that gleet presupposes stricture, is the onus of the observations; with which is given a description of a urethrometer devised by him.

—Introductory Lecture of Session 1875-76, of the Medical College of Evansville. The address of Professor G. B. Walker, published at the request of the class, is an objective narrative of the growth of the science, and a plea for a superior grade of literary culture in the profession.

BOOK NOTICES.

Spiritualism and Allied Causes and Conditions of Nervous Derangement. By William A. Hammond, M. D., Professor of Diseases of the Mind and Nervous System in the Medical Department of the University of New York, etc. Illustrated. New York, G. P. Putnam’s Sons, 1876. Cloth, 8vo. pp. 366. Price \$2.25.

The eminent writer, who in this volume gives us the amplifications of studies which he published some years ago, contributes in its chapters a series of telling arguments against the low forms of belief incredibly prevalent in this country and this generation. The dedication gives the key-note to his position:—

“I dedicate this book to all, few though they be, who are free from superstition.”

It is no attack against religion, properly so-called; but it is an overt and powerful assault on that religion, whatever its name may be, “which seeks to bolster itself up by so-called supernatural phenomena, or by alleged miraculous interpositions of Deity in its behalf;” and as such we heartily applaud its spirit and welcome its appearance.

In the first chapter the author speaks of sensorial deceptions as the general foundations of superstitious belief. He also defines what he means by “mind.” This, he says, for his present purposes, “may be regarded as a force, the result of nervous action.” There are several

objections to this statement; principally, that it does not explain his own views. Does he mean that the force called mind is a transformation of what is known as nerve force? Does he intend to signify—as he must if this is his meaning—that without nervous action, mind and its expressions (phenomena) are not? If this is so, his position is indefensible on grounds of physiology, which shows us repeated instances of mental action where no nerve cells are present (see this journal vol. xxxiv p. 215), and still more so on grounds of biological philosophy, which correlates mind with motion, as the two inseparable factors of all phenomenal existence.

Passing to the study of the various deceptions which have given rise to existing superstitions, Dr. Hammond describes the magnetic or odic force of Reichenbach, the electrical girl, Angelique Cottin, the sleight of hand tricks of conjurors, and reaches the "mediums" of spiritualism. These, in all their various breeds, the physical, the sensitive, the speaking, the writing, the healing mediums, and whatever other nonsensical names they go by, are shown, by every sound test and by an invincible application of the principles of investigation, to be, all and each of them, members of the great categories of cheats or fools. Home, and Katie King, and their congeners, receive an unimpassioned consideration which their admirers ought to study.

The conditions of somnambulism and hypnotism next receive attention, both as they appear in man and the lower animals.

There is really much to whet scientific curiosity in these mental states, and of course plenty to feed a superstitious faith. But while Dr. Hammond acknowledges that a hen can be fixed immovably by causing her to stare at a chalked line, and thinks the serpent does exercise a fascination over its prey, he does not consent to credit the pretty story of St. Rosa of Lima, who called clouds of mosquitos to prayers every morning, but was never bitten by one of them.

The instances of fasting girls, Margaret Weiss, Sarah Jacobs, Ann Moore, and the others, are related. These, and the various hysteroid affections, ecstasy, catalepsy, hystero-epilepsy, spiritualistic epilepsy, occupy most of the remainder of the volume. New England witchcraft, Shaker whirlings, and the "jerks," and other seizures which characterize revival meetings, where there are "mighty outpourings

of the Spirit," are placed in their true light, as debasing examples of bodily weakness and mental darkness.

Finally, "stigmatization" is explained, and bereft of all its claims to be anything else, where it is not a deliberate fraud, than the sad exhibition of a condition of mental alienation.

We hail with extreme gratification works of this kind. It is high time that medical men, whatever creed they profess, should declare that supernaturalism, in no matter what form it appears, is not only a deception, but a most hurtful one, to body and mind. A miracle can prove nothing, and never has proved anything. The religion which demands for its reception anything against the enlightened reason is a superstition only, and unworthy of its name. Reason alone is that which tells us of the order in things, and thus reveals to us the intelligence which disposed and arranged them; reason alone should be our guide and priest; that reason which, in the words of Cicero, taken by Dr. Hammond as the motto of his volume, is at once *lux, lumenque vita*—“The light and the eye of Life.”

The Student's Guide to Dental Anatomy and Surgery. By Henry Sewill, M. R. C. S., etc.

Philadelphia, Lindsay & Blakiston, 1876. 1 volume, 8vo, pp. 202. Price, cloth, \$1.75.

This is intended to be a *very* elementary book. The author does go so far as to ask his reader to get an understanding of what the words "cell," "abscess" and "inflammation" mean from other works; but his requirements are very moderate. He aims to be free from technicalities; he is determined to write down to the greenest neophyte. Apparently, the qualifications for "business" in the dental specialty, as in medicine in general, must be marked down to the lowest figures, to suit the times.

Mr. Sewill, in his list of authors, does not include a single American name; yet the impression prevails here that to omit American authorities on this subject is to leave the plums out of the pie.

For the kind of book it is, Mr. Sewill's is not conspicuously bad; but it is a bad kind. Even from it, however, some useful hints can be gleaned, as, for example, on the propriety of extracting a tooth to allow sufficient spreading of the others. This is a good practice, though rarely followed.

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D. G. BRINTON, M.D., EDITOR.

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PLANS FOR REGISTERING DISEASES.

The last (seventh) Report of the State Board of Health of Massachusetts contains a paper on a subject which we have several times urged upon the attention of the readers of this journal, to wit, the registration of prevalent diseases.

The death rate does not represent the actual state of the public health in any degree. This can only be accomplished by the publication of an official bulletin, declaring what acute diseases are present in a given section, and to what extent.

Were this done, it would act as a warning to people to avoid exposure, while it would prevent the alarm arising from exaggerated statements in times of epidemics. Acting as cautionary signals, these bulletins would enable the experienced epidemiologist both to forecast the "probabilities" of the public health, and to institute measures for its protection.

In England there has been more agitation on this subject than here. In a letter recently published, the members of the Association of Medical Officers of Health draw attention to the great necessity which exists for a system of registration of diseases, and especially of dangerous infectious diseases.

They state that it is with the dangerous infectious diseases they are most specially concerned, and they record their conviction that, until the reporting of cases of dangerous infectious disease is made compulsory, sanitary authorities will remain, as they now are, wholly unable to cope with outbreaks of epidemic disease.

In the great majority of cases it is only when a death has actually occurred from dangerous infectious disease that the sanitary authority is made aware of the presence of the disease in its district. In the meantime, valuable lives are endangered, epidemics gain a start upon those charged with the duty of suppressing them which can never be redeemed, and sanitary authorities toil in vain after outbreaks which they can never overtake.

How to get the registration accomplished is a more serious question. The English Health Associations are strongly of opinion that it should be made compulsory upon registered medical practitioners and householders to report all cases of dangerous infectious disease to the local sanitary authority, in order that the local executive may take such measures and give such advice as the exigencies of the case may require.

The Massachusetts Board propose to ask the coöperation of the best physicians in each locality, those at once most accomplished and most busy. In the latter part of 1874 one hundred and sixty-eight regular physicians were selected, and a letter mailed them, explaining the plan and its advantages. One hundred and fifteen responded affirmatively; subsequently the number was increased to one hundred and ninety-eight.

To each of these a form was sent, to be filled up each Saturday, containing the names of the following diseases: bronchitis, cholera infantum, cholera morbus, croup, diphtheria, diarrhoea, dysentery, influenza, measles, pneumonia, rheumatism, scarlatina, small-pox, typhoid fever, whooping cough. Two columns opposite these names bore the headings "mild," and "severe." When a disease was not prevalent, its name was crossed out; when prevalent, a cross was made opposite to it in one of the columns referred to.

This plan worked very well, and will be continued. It entails a minimum of labor on the physician, and when the results are obtained and digested, they serve as data to study the laws of epidemics, and thus reach the principles necessary for their prevention.

NOTES AND COMMENTS.

Therapeutical Notes.

SALICYLIC MIXTURE IN DIPHTHERIA.

In the *Med. Cent. Zeitung*, April 26th, Dr. Tenholt reports very flattering success in diphtheria, with a mixture of salicylic acid and lime water, two to two hundred. The throat is touched or gargled frequently with this. In two or three days all his cases recovered.

RANCID OIL OF MAIZE IN SKIN DISEASES.

The *Centralblatt für Med. Wiss.*, April 29th, 1876, contains an article by Professor Lombroso, recommending the above oil as an application in chloasurata and eczema.

On Salicin.

There is accumulating evidence for believing that salicin is a most efficient and unjustly neglected remedy. Dr. Maciagan, in the *Lancet*, and Dr. Senator, in the *Berlin Centralblatt*, speak of it as more desirable, in all respects, than salicylic acid, as an internal remedy in the treatment of acute rheumatism, typhus, parametritis, and febrile affections generally. Its anti-malarial powers have been long known, and the Confederate surgeons employed it largely during the war. It is cheap, being quoted, at present, at fifty cents an ounce. To reduce the temperature in fever, the dose should

be about two scruples. It does not cause any of the unpleasant itching, headache, or gastric trouble that occasionally follows salicylic acid.

Dr. Pavesi, of Mortara, Italy, highly extols the following mixture as an efficient antizymotic, and believes it will supplant quinine:—

Common salt,	12 parts
Iron in powder,	5 parts

Mix and add

Muriatic acid,	5 parts
Salicin,	1 part.

He obtains a soluble, odorless crystalline substance, somewhat styptic and bitter to the taste, to which he gives the name *natrium muriaticum ferruginosum salicinatum*, a cheap and efficient tonic, anti-zymotic and febrifuge.

Treatment of Fissured and Ulcerated Nipples.

In the *Annales de Gynecologie*, Dr. Legroux advises the following treatment. Spread with a camel-hair brush a layer of elastic collodion around the nipple, in the radius of an inch or more; a piece of gold-beater's skin should then be placed over the nipple and collodion, taking care to make a few holes with a pin over the part of the gold-beater's skin which covers the nipple, so as to allow the milk to ooze through. No collodion should be spread on the nipple itself, as more pain might thereby be occasioned. By the rapid evaporation of the ether, the collodion dries up and the gold-beater's skin adheres. The nipple is thus more or less pressed down by the latter, which, in drying, becomes tense. When the child is to be nursed, the end of the nipple should be wetted with a little water. The covering of gold-beater's skin becomes soft and supple, and allows the child to suck without distressing the mother.

Gelseminum as an Anti-Neuralgic.

We have before referred to the rapidly increasing use of *Gelseminum sempervirens*, especially for the relief of pain. Two years ago Dr. Spencer Thomson stated that, in accordance with his experience, the remedial power of the gelseminum is confined to those branches of the trigeminal nerve supplying the upper and lower jaw, more particularly the latter, and more especially when in either jaw the pain is most directly referred to the teeth or alveoli. He can scarcely recall an instance of the above in which relief was not speedily and thoroughly given. The

usual expression of the patient has been, "It acted like a charm." In illustration he gave this case:—

"The housemaid of a friend, a retired medical man, came to him with a note from her master, stating that she had been suffering from agonizing pain, of what was thought to be toothache, for six-and-thirty hours. Nothing gave relief, and no dentist could be found to remove the only suspicious tooth. He sent her home with a bottle of gelseminum tincture, which he kept for home use, desiring that she should have twenty minims at once, and twenty more within two hours if not relieved. Her master sent him a note in which he stated that the patient had experienced immediate relief."

Dr. Thomson prescribes for an adult twenty minims of the tincture as a first dose, to be repeated any time after an hour and a half if relief is not given. He has rarely had to order a third dose, and he has never found any inconvenience from doses of this size.

To Check Colliquative Sweating.

The exhaustive sweats in surgical diseases and phthisis are entirely controlled, according to Dr. Thomas J. Dunott, of Harrisburg, Pa., by small hypodermic injections of atropia and sponging with hot vinegar. In a case in point, given in the *Virginia Medical Monthly*, he writes, of a case of osseous injury, he sweats profusely and constantly. To have ice pills and hypodermic injection of $\frac{1}{16}$ gr. atropine sulph.; also to be sponged with hot vinegar. This controlled the sweating, which was so profuse as to keep the bed clothing saturated whenever the atropia and sponging were omitted.

It is my belief that a very small dose of atropia, when combined with the hot vinegar application, will be most effective in controlling this exhausting discharge from the skin. Neither used alone would be successful; but my experience with atropia is limited to doses no larger than the one mentioned, $\frac{1}{16}$ gr.

Simulated Syphilis.

A case was reported at a recent session of the Medico-chirurgical Society of Edinburgh, by Dr. F. Cadell, of much interest, on account of the extreme difficulty in determining its syphilitic or non-syphilitic character. In June, 1875, three weeks after a suspicious connection, the

patient, a healthy man, aged 33, noticed a small nodule on the prepuce, like a corn. Five weeks later, when first seen by Dr. Cadell, a small nodule, secreting a little pus, but not ulcerated, was seen on the preputial orifice. The lymphatic vessels of the dorsum of the penis were indurated, as also were the inguinal glands. By the tenth week, a second lump had formed in the line of the lymphatic vessels, which was itself as thick as a crow-quill. Free suppuration continued from the original aperture up till the fifth month of the disease, and the patient's health suffered from it. No syphilitic symptoms appeared, and now at the eighth month induration had nearly disappeared. Mr. Joseph Bell thought that cases like this one, accurately described and with exact dates, were the means by which the scientific study of syphilis and allied diseases could be prosecuted. Had this case been treated in an empirical fashion, by one who believed that mercury could prevent syphilitic symptoms, it would have been quoted as triumphant evidence on that point, whereas it was simple lymphatic inflammation.

The Coca Leaf.

Sir Robert Christison showed recently, before the Edinburgh Botanical Society, that diversity of opinion had existed among chroniclers and travelers in regard to the effects of coca upon those who chewed it; for, while most of them considered that it possessed wonderful powers of sustaining strength under prolonged fatigue, without food, some thought its use pernicious and dangerous, others, as not only innocuous, but beneficial to health. The annual consumption of the leaf, by the eight millions of people along the Cordilleras of the Andes who use it, is thirty millions of pounds. After giving a description of the coca plant, and the method of gathering and drying its leaves, Sir Robert gave an account of some experiments made upon some of his students and himself, in which he had found that it was both a preventive of fatigue and a restorative of strength after severe bodily exertion, and that it had no reactionary effect upon the system. In regard to the use of coca as a medicine, he advised no one to try it until something more was known about it, or, at least, not to make use of it without consulting a physician. He had succeeded in extracting a liquor from the leaf, as a more

satisfactory mode of administration than chewing the leaf; but he had not been able to ascertain whether this retained all the properties of the article. A similar *liqueur de coca* was to be had in Paris.

A Palatable Vehicle for Castor Oil.

A French pharmacist recommends the following as a pleasant way of taking castor oil:—

Mix ten grains of powdered tragacanth with two drachms and a half of water; upon this pour very slowly, drop by drop, half an ounce of castor oil, stirring constantly with the pestle. When the mixture is complete, add about three ounces of water, an ounce of syrup, and a few drops of laurel-water. In this manner a white emulsion is obtained, in which the taste of the castor oil is quite masked, and replaced by the perfume of the laurel-water.

CORRESPONDENCE.

Bleeding in Eclampsia.

ED. MED. AND SURG. REPORTER:—

I notice in the 3d of June number of the MEDICAL AND SURGICAL REPORTER, an article on "Puerperal Eclampsia," by W. T. Chandler, M. D., of Campbellsville, Kentucky, in which he claims that bleeding has no effect in checking that disease. I think he did not carry the bleeding far enough. If he had taken forty-eight or sixty-four ounces of blood in place of sixteen (as his patient was moderately plethoric), I think he would have seen a very different effect from the bleeding.

Some years ago I was called to see a lady affected with puerperal eclampsia. I found, on my arrival at her residence, that she had been for some hours laboring under convulsions. The child was undelivered, the os uteri rigid and not open more than the size of a half dollar. She was quite plethoric, the face was almost black, the pulse small and feeble. I at once opened a vein and let the blood flow freely, watching the pulse, which I found to rise and to become fuller as the blood continued to flow. I let it flow till a gallon wash-bowl was even full. I then found the os uteri relaxed, and soon was able to use the forceps and deliver the child, which was well and hearty. The patient after the bleeding had no return of the convulsions, and had a good getting up.

CASE 2. I was called, about three years ago, to see a lady who had been confined, the convulsions coming on after the delivery of the child. I found her, on entering the house, in her thirty-first convolution. The face was very dark, and after the convolution was over she was comatose. She was moderately plethoric, the pulse full and strong. I at once opened a

vein and took sixty-four ounces of blood from her. The convulsions did not return and the patient had a rapid convalescence.

I could mention a number of other instances in which free bleeding had fully as happy a result as in the foregoing cases.

I have never known a case of the kind mentioned injured by bleeding too much, but I have seen a number of cases do badly that were bled but little, or not at all.

I do not wish to be understood to urge bleeding to the exclusion of all other means, for I consider chloroform, chloral, bromide of potassium, cold to the head, purgatives, etc., as valuable aids, but without free bleeding these aids will frequently fail us.

ISAAC SCOTT, M. D.

Parkersburg, Va.

A National Inebriate Asylum.

ED. MED. AND SURG. REPORTER:—

Perhaps one of the most remarkable features attending the use of these thermal waters is the immunity afforded to the appetite for alcohol and tobacco. It ought to be generally known to the profession of the country, as it is here, that Hot Springs is the easiest place to overcome the terrible slavery of these habits in the world. Quite a number of patients using these baths, and drinking freely of the hot water, for special diseases, as rheumatism, various cutaneous affections, etc., have told me that one incidental result has been the suspension, absolutely, of the alcoholic appetite. I have satisfied myself, therefore, from a variety of special and general observations, that the habit for either of these narcotics may be radically broken up by a persistent resort, for a few months, to these springs. Thus we have, in a crude way, a reliable asylum here for the inebriate, and as the Government has asserted its ownership of this property, and proposes to erect a national hospital for its soldiers, why not also erect a national asylum for inebriates? Respectfully,

EDWARD B. STEVENS, M. D.

Hot Springs, Ark., May 18th, 1876.

NEWS AND MISCELLANY.

The International Medical Congress.

The Centennial Medical Commission of the International Medical Congress, to convene in this city, September 4th, next, have received numerous communications from eminent medical men abroad who expect to be present on the occasion. Invitations have been forwarded, through the proper diplomatic channels, to foreign governments, to appoint official representatives at the Congress, and favorable replies have been received. The *Transactions* will form a valuable body of original papers. Extra copies will be printed for sale to those not delegates. From every appearance, there will be a largely attended and successful meeting.

Resolutions Respecting Medical Education.

The following resolutions were offered at the last meeting of the Delaware county (Pa.) Medical Society, by Dr. Isaac N. Kerlin. They are of sufficient general interest for publication:—

Resolved, That any person applying to any member of this Society, to be entered as a student of medicine, shall be required to present to the Secretary a certificate or diploma, showing that he is a graduate of some college or university which has a legal right to confer the degree of B. A., or M. A.; or a similar attestation that he has graduated with honor from one of the high or normal schools of this or other States, or from a private seminary or academy, of equal or higher educational standing with the latter institutions.

Resolved, That in the absence of the aforementioned certificates of learning, a candidate for the study of medicine, within the jurisdiction of this Society, shall submit to an examination, to be conducted by the Censors of this Society, aided by competent educators of their own choosing, the fee of the latter not to exceed the sum of — dollars, which fee shall be paid by the candidate at the time of such examination, and only on said applicant having passed satisfactorily an examination not lower in grade than that demanded of a high-school graduate, shall he be eligible for admission as an office student of medicine.

Resolved, That all students of medicine in the offices of members of this Society be registered on the books of the Society, on the above credential having been examined and approved by the President and Secretary.

The Plague.

A cable dispatch, under date June 21, says:—

Dr. E. D. Dickson, the physician to the British Embassy at Constantinople, writes to the *Times* from that city, under date of the 13th inst., as follows:—Undoubtedly the disease which is prevailing in Mesopotamia is the real plague. Since the beginning of June, with a rise of temperature to above 104 degrees, another characteristic of the plague has been exhibited in the rapidly diminished number of attacks and deaths. The scourge will doubtless cease entirely during the great heat of the summer. During the month of May the number of attacks at Bagdad was 2099, and the deaths 1222.

Births in Rochester.

The Rochester *Express* supplies the following:—"The registry of births has brought some curious and interesting facts to light. One girl, only fourteen years old, gave birth to a child since the registry was commenced in October last. Another girl, seventeen years old, who was residing in a house of ill-fame, gave birth to twins. In making returns the doctors or midwives who attend the mothers

are required to give, not only the name of the mother, but the name of the father. Sometimes it becomes very difficult to give the latter, the children being illegitimate. Another mother is reported to have given birth, altogether, to nineteen children, this being the largest family on record in the city. One case was reported, by a midwife, of a woman who had reached the age of sixty-five years, who presented her husband with a child. There are numerous cases of women who have had eleven or twelve children. One woman, only thirty-one years of age, is reported as having a family of seven children.

Personal.

—Dr. John O. Stone, a distinguished practitioner of New York, died suddenly, June 6th, in the sixty-fifth year of his age. He was graduated in 1836, from the Medical School of Harvard College; visited Europe, and on his return was appointed surgeon to Bellevue Hospital.

—John Van Pelt Quackenbush, of Albany, died suddenly, June 8th, 1876, at the age of fifty-seven years. He had been suffering for some time with symptoms of Bright's kidney and aneurism of the arch of the aorta.

QUERIES AND REPLIES.**Enlarged Spleen.**

"Can you or your readers inform me of an efficient remedy for the chronic enlargement of the spleen so common in malarial regions?" J. J., M. D.

Reply.—Hypodermic injections of ergot are strongly recommended by some. Dr. J. H. Miller, of Moberly, Mo., gives a case in the *Cincinnati Medical News*, May last, which yielded rapidly to this measure.

Dr. U. O. B. W., of Mass..—The aqueous extract of ergot is what was in the prescription as we found it.

Dr. A. P. G., of Minn., asks if the popular belief that lemonade should not be drank after taking calomel, has a rational basis.

MARRIAGES.

HUDSON—GIBBS.—By the Rev. E. J. Pratt, at First Presbyterian Church, Portsmouth, O., June 7, 1 p. m., John B. Hudson, of Washington C. H. O., and Miss Mary E., daughter of Dr. Gibbs, deceased.

SPENCE—HETTRICH.—On Wednesday evening, May 24, by Rev. H. W. Pohlmeyer, Dr. S. D. Spence, of St. Bernard, O., and Miss Pauline Hettrich, of this city.

TAYLOR—ROGERS.—At Sandy Hill, N. Y., May 24, at the residence of the bride's mother, by the Rev. Edward P. Johnson, Dr. James Taylor, of Cincinnati, O., and Miss Susan A., daughter of the late Hon. Charles Rogers, of Sandy Hill.

VAN BUSKIRK—GRAY.—By Rev. A. S. Mulholland, June 1st, 1876, at the residence of the minister officiating, in Millersburg, O., A. E. Van Buskirk, M. D., of Monroeville, Ind., and Miss Mary J. Gray, near Millersburg, O.